AUGUST 1991 Page 14a OMB No.: 0938-RHODE ISLAND State: ____ Groups Covered Citation (s) Agency* B. Optional Groups Other Than the Medically Needy (Continued) 9. Individuals described below who would be eligible 42 CFR 435.223 /_/ for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A: . Individuals under the age of--1902(a)(10) ___21 (A)(ii) and 1905(a) of 20 _19 the Act 18 Caretaker relatives

Pregnant women

Revision: HCFA-PM-91-4 (BPD)

ATTACHMENT 2.2-A

TN No. 92-02 Supersedes	Approval Date	DEC 9 (201	Effective Date 7./1/92
TN No. NEW			HCFA ID: 7983E

Agency* Citation(s) B. Optional Groups Other Than the Medically Needy (Continued) 42 CFR 435.230 /X/ 10. States using SSI criteria with agreements un sections 1616 and 1634 of the Act. The following groups of individuals who rece only a State supplementary payment (but no S payment) under an approved optional State supplementary payment following conditions. The supplement is— a. Based on need and paid in cash on a regul basis. b. Equal to the difference between the individual's countable income and the inc standard used to determine eligibility for the supplement. c. Available to all individuals in the State d. Paid to one or more of the classification of individuals ilsted below, who would be eligible for SSI except for the level of their income. (1) All aged individuals. (2) All blind individuals. (3) All disabled individuals.	Revision:	HCFA-PM-9 AUGUST 199		(BPD)			Page 1		
B. Optional Groups Other Than the Medically Needy (Continued) 42 CFR 435.230 /X/ 10. States using SSI criteria with agreements un sections 1616 and 1634 of the Act. The following groups of individuals who rece only a State supplementary payment (but no sequence of the State supplementary payment (but no sequence of the State supplementary payment program that meets the following conditions. The supplement is— a. Based on need and paid in cash on a regulation basis. b. Equal to the difference between the individual's countable income and the individual used to determine eligibility for the supplement. c. Available to all individuals in the State deligible for SSI except for the level of their income. ———————————————————————————————————		State:		RHODE	ISLAND		OMB NO.: 0938-		~
(Continued) 42 CFR 435.230 / 10. States using SSI criteria with agreements un sections 1616 and 1634 of the Act. The following groups of individuals who rece only a State supplementary payment (but no S payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is a. Based on need and paid in cash on a regul basis. b. Equal to the difference between the individual's countable income and the individual's countable income and the individual's countable income and the individual's countable for supplement. c. Available to all individuals in the State of Paid to one or more of the classification of individuals listed below, who would be eligible for SSI except for the level of their income. (1) All aged individuals. (2) All blind individuals. (3) All disabled individuals. Effective Date 7/1/92 Supersedes Approval Date Effective Date 7/1/92	Agency*	Citation(s)	····		Groups C	overed		
Sections 1616 and 1634 of the Act. The following groups of individuals who rece only a State supplementary payment (but no S payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is a. Based on need and paid in cash on a regul basis. b. Equal to the difference between the individual's countable income and the inc standard used to determine eligibility for the supplement. c. Available to all individuals in the State d. Paid to one or more of the classification of individuals listed below, who would be eligible for SSI except for the level of their income. (1) All aged individuals. (2) All blind individuals. (3) All disabled individuals.			В.			Other Tha	in the Medic	ally Needy	
only a State supplementary payment (but no S payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is a. Based on need and paid in cash on a regul basis. b. Equal to the difference between the individual's countable income and the inc standard used to determine eligibility for the supplement. c. Available to all individuals in the State d. Paid to one or more of the classification of individuals listed below, who would be eligible for SSI except for the level of their income. (1) All aged individuals. (2) All blind individuals. (3) All disabled individuals. Effective Date 7/1/92 Supersedes Approval Date Effective Date 7/1/92	42 CF	R 435.230	<u>∠X/</u>		ates us	ing SSI cr 1616 and 1	iteria with	Act.	unde
basis. b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement. c. Available to all individuals in the State d. Paid to one or more of the classification of individuals listed below, who would be eligible for SSI except for the level of their income. (1) All aged individuals. (2) All blind individuals. (3) All disabled individuals.				on pa su	ly a St yment) pplemer	ate supple under an a stary payme	ementary pay approved opt ent program	ment (but no ional State that meets	ssi the
individual's countable income and the income standard used to determine eligibility for the supplement. c. Available to all individuals in the State d. Paid to one or more of the classification of individuals listed below, who would be eligible for SSI except for the level of their income. (1) All aged individuals. (2) All blind individuals. (3) All disabled individuals. TN No. 92-02 Supersedes Approval Date Effective Date 7/1/92				a.			nd paid in o	cash on a rec	gular
d. Paid to one or more of the classification of individuals listed below, who would be eligible for SSI except for the level of their income. (1) All aged individuals. (2) All blind individuals. (3) All disabled individuals. TN No. 92-02 Supersedes Approval Date Effective Date				b.	indivi	dual's cou ard used to	intable inco	ome and the	
of individuals listed below, who would be eligible for SSI except for the level of their income. (1) All aged individuals. (2) All blind individuals. (3) All disabled individuals. TN No. 92-02 Supersedes Approval Date Effective Date 7/1/92				c.	Availa	ble to all	individua	ls in the St	ate.
(2) All blind individuals(3) All disabled individuals TN No. 92-02 Supersedes Approval Date				d.	of inc	dividuals liber of SSI	listed below	, who would	be
(3) All disabled individuals. TN No. 92-02 Supersedes Approval Date Effective Date					(1)	All aged	individuals		
IN No. 92-02 Supersedes Approval Date Effective Date					(2)	All blind	individual	s .	
Supersedes Approval Date Effective Date					(3)	All disab	led individ	uals.	
Supersedes Approval Date Effective Date								•	
	Supersedes	Ap	prova	l Date	- 12 J	.332	Effecti	ve Date <u>7/1</u>	/92

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 16 OMB NO .: 0938-State: ____ RHODE ISLAND Agency* Citation(s) Groups Covered B. Optional Groups Other Than the Medically Needy (Continued) Aged individuals in domiciliary -(4) facilities or other group living arrangements as defined under SSI. 42 CFR 435.230 (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI. Disabled individuals in domiciliary (6) facilities or other group living arrangements as defined under SSI. Individuals receiving a Federally <u>X</u> (7) administered optional State supplement that meets the conditions specified in 42 CFR 435.230. Individuals receiving a State (8) administered optional State supplement that meets the conditions specified in 42 CFR 435.230.

TN No. 92-02 Supersedes	Approval Date	DEC 9 1302	Effective	Date 7/1/92
TN No. 86-17			HCFA ID:	7983E

(9)

Individuals in additional

Secretary as follows:

classifications approved by the

Revision:	HCFA-PM-91- AUGUST 1991	- 4	(BPD)	ATTACHMENT 2.2-A Page 16a OMB NO.: 0938-
	State:		RHODE ISLAND	
Agency*	Citation(s)		G	roups Covered
		в.	Optional Groups Ot (Continued)	her Than the Medically Needy
			The supplement var subdivisions accor	ries in income standard by political ding to cost-of-living differences.
			Yes.	
			X No.	
			The standards for payments are liste $2.6-A$.	optional State supplementary ed in Supplement 6 of ATTACHMENT
TN No.	92-02		Note:	Effective Sate 7/1/92
Supersede	NEW App	rova	al Date	HCFA ID: 7983E

Agency* Citation(s) B. Optional Groups Other Than the Medically Needy (Continued) 42 CFR 435.230
B. Optional Groups Other Than the Medically Needy (Continued) 42 CFR 435.230 // 11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act The following groups of individuals who receiv a State supplementary payment under an approve optional State supplementary payment program that meets the following conditions. The supplement is a. Based on need and paid in cash on a regular basis. b. Equal to the difference between the individual's countable income and the incor standard used to determine eligibility for the supplement. c. Aveilable to all individuals in each classification and available on a Statewid basis. d. Paid to one or more of the classifications of individuals listed below: (1) All aged individuals.
(Continued) 42 CFR 435.230 // 11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act. (A)(ii)(XI) of the Act The following groups of individuals who receive a State supplementary payment under an approve optional State supplementary payment program that meets the following conditions. The supplement is— a. Based on need and paid in cash on a regular basis. b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement. c. Available to all individuals in each classification and available on a Statewid basis. d. Paid to one or more of the classifications of individuals listed below: (1) All aged individuals.
without agreements under section 1616 or 1634 of the Act. The following groups of individuals who receive a State supplementary payment under an approve optional State supplementary payment program that meets the following conditions. The supplement is— a. Based on need and paid in cash on a regular basis. b. Equal to the difference between the individual's countable income and the incomes at an approved the supplement. c. Available to all individuals in each classification and available on a Statewid basis. d. Paid to one or more of the classifications of individuals listed below: (1) All aged individuals.
The following groups of individuals who receive a State supplementary payment under an approve optional State supplementary payment program that meets the following conditions. The supplement is— a. Based on need and paid in cash on a regular basis. b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement. c. Available to all individuals in each classification and available on a Statewid basis. d. Paid to one or more of the classifications of individuals listed below: (1) All aged individuals.
basis. b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement. c. Available to all individuals in each classification and available on a Statewid basis. d. Paid to one or more of the classifications of individuals listed below: (1) All aged individuals.
individual's countable income and the income standard used to determine eligibility for the supplement. c. Available to all individuals in each classification and available on a Statewid basis. d. Paid to one or more of the classifications of individuals listed below: (1) All aged individuals.
classification and available on a Statewid basis. d. Paid to one or more of the classifications of individuals listed below: (1) All aged individuals.
of individuals listed below: (1) All aged individuals.

(2) All blind individuals.
(3) All disabled individuals.
TN No92-02 BEC 9 1902
Supersedes Approval Date Effective Date 7./1/92 TN No. 87-04

Revision:	HCFA-PM-9 AUGUST 199		(BPD)		ATTACHMENT 2.2-A Page 18
	State:		RHODE	ISLAN	OMB NO.: 0938-
Agency*	Citation(s)			Groups Covered
			<u>Optiona</u> (Contin		ps Other Than the Medically Needy
				(4)	Aged individuals in domiciliary. facilities or other group living arrangements as defined under SSI.
				(5)	Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
				(6)	Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
				(7)	Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
				(8)	Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
			_	(9)	Individuals in additional classifications approved by the Secretary as follows:
TN No	03.03				t. e
TN No.		proval	Date _		Effective Date 7/1/92
TN No.	86-17				1100 ID - 70025

Revision:	AUGUST 199		(BPD)		ATTACHMENT 2.2-A Page 18a
	State:		RHODE ISLA	.ND	OMB NO.: 0938-
Agency*	Citation(s)		Group	ps Covered
		B. (optional Gr Continued	roups Other	r Than the Medically Needy
			polit:	ical subdi	varies in income standard by visions according to differences.
				Yes	
				No	
			payme	tandards f nts are li HMENT 2.6-	or optional State supplementary sted in Supplement 6 of A.
TN No. Supersede	92-02	proval			Effective Date 7/1/92
TN No.	NEW				

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 19 OMB No.: 0938-RHODE ISLAND State: Agency* Groups Covered Citation(s) Optional Groups Other Than the Medically Needy (Continued) 42 CFR 435.231 /X/ 12. Individuals who are in institutions for at 1902(a)(10) least 30 consecutive days and who are eligible under a special income level. (A)(ii)(V)Eligibility begins on the first day of the 30-day period. These individuals of the Act meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A. 么/ The State covers all individuals as described above. The State covers only the following group or groups of individuals: Aged 1902(a)(10)(A) Blind (ii) and 1905(a) of the Act Disabled Individuals under the age of--21 _ 20

TN No. 92-02		DEC 9 1307	7 (2 (22
Supersedes	Approval Date	9	Effective Date 7/1/92
TN No. 87-04			

_ 19 _ 18

Caretaker relatives Pregnant women

Revision: HCFA-PM-91-4 ATTACHMENT 2.2-A (BPD) AUGUST 1991 Page 20 OMB NO.: 0938-State: RHODE ISLAND Agency* Citation(s) Groups Covered B. Optional Groups Other Than the Medically Needy (Continued) 1902(e)(3) /x/ 13. Certain disabled children age 18 or under who are living at home, who of the Act would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act. Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home. 14. The following individuals who are not 1902(a)(10) mandatory categorically needy whose income (A)(ii)(IX)does not exceed the income level (established at an amount above the mandatory level and and 1902(1) of the Act not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A: Women during pregnancy (and during the a. 60-day period beginning on the last day of pregnancy); and b. Infants under one year of age.

TN No. 92-02 Supersedes	Approval Date	JEV POLICE	Effective Date 7/1/92
TN No. 87-04			HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD) AUGUST 1991

ATTACHMENT 2.2-A

Page 21

OMB NO.: 3938-

State: RHODE ISLAND

Agency* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

 $\sqrt{X/}$ 1902(a) (10)(A)(11)(IX) and 1902(1)(1)(D) of the Act

15. The following individuals who are not mandatory categorically needy, who have income that does not exceed the income level (established at an amount up to 100 percent of the Federal poverty level) specified in Supplement 1 of ATTACHMENT 2.6-A for a family of the same size.

1902(a)(10)(A)(i)(VII)

Children who are born after September 30, 1983 and who have attained 6 years of age but have not attained--

 \sqrt{X} 19 years of age

TN No. Approval Date DEC 9 1932 Effective Date 7/1/92 Supersedes TN NO. ___NEW__